

CLAIMS ONLY

Application Number 101719928 Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	/								
2	/								
3	/								
4	/								
5	/								
6	/								
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49									
50									
Total Indep	7								
Total Depend	13								
Total Claims	20								

EST APPROXIMATE COUNT